

# FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Election Assistance Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency CFDA 39.011		OMB Approval No. 0348-0039	Page of 1 2 pages
3. Recipient Organization (Name and complete address, including ZIP code) Montana Secretary of State, PO Box 202801, Helena, MT 59620-2801					
4. Employer Identification Number [REDACTED]		5. Recipient Account Number or Identifying Number [REDACTED]		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 4/25/2003		9. Period Covered by this Report From: (Month, Day, Year) Undetermined		To: (Month, Day, Year) 12/31/2005	
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		360,228.66	0.00	360,228.66	
b. Refunds, rebates, etc.				0.00	
c. Program income used in accordance with the deduction alternative				0.00	
d. Net outlays (Line a, less the sum of lines b and c)		360,228.66	0.00	360,228.66	
Recipient's share of net outlays, consisting of:					
e. Third party (in-kind) contributions				0.00	
f. Other Federal awards authorized to be used to match this award				0.00	
g. Program income used in accordance with the matching or cost sharing alternative				0.00	
h. All other recipient outlays not shown on lines e, f, g and h				0.00	
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00	0.00	0.00	
j. Federal share of net outlays (line d less line i)		360,228.66	0.00	360,228.66	
k. Total unliquidated obligations					
l. Recipient's share of unliquidated obligations					
m. Federal share of unliquidated obligations					
n. Total Federal share (sum of lines j and m)				360,228.66	
o. Total Federal funds authorized for this funding period					
p. Unobligated balance of Federal funds (Line o minus line n)				0.00	
Program income, consisting of:					
q. Disbursed program income shown on lines c and/or g above					
r. Disbursed program income using the addition alternative					
s. Undisbursed program income					
t. Total program income realized (Sum of lines q, r and s)				0.00	
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Elaine Graveley, Elections Deputy			Telephone (Area code, number and extension) (406) 444-5376		
Signature of Authorized Certifying Official + Elaine Graveley			Date Report Submitted March 13, 2006		

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ORIGINAL

**Summary:**

The State of Montana provided Title I, Section 102 funds for replacement of punchcard voting systems in years prior to 2005. In 2005, payment of lever voting system funds was not necessary since no jurisdiction used these systems in Montana.

Thus, there were no Title I, Section 102 expenditures during the period covered by this report, January 1, 2005 to December 31, 2005. This is consistent with the plan on file with the EAC.

*L. Lane  
Gravelly*